

LRB or Bill No./Adm. Rule No.  
DWD 40

Amendment No. if Applicable

FISCAL ESTIMATE  
DOA-2048 N(R03/97)
☒ ORIGINAL      ☐ UPDATED  
☐ CORRECTED      ☐ SUPPLEMENTAL
**Subject**

Establishment of birth cost orders based on child support guidelines

**Fiscal Effect**State: ☒ No State Fiscal EffectCheck columns below only if bill makes a direct appropriation  
or affects a sum sufficient appropriation.☐ Increase Costs - May be possible to Absorb  
Within Agency's Budget    ☐ Yes    ☐ No
☐ Increase Existing Appropriation      ☐ Increase Existing Revenues  
☐ Decrease Existing Appropriation      ☐ Decrease Existing Revenues  
☐ Create New Appropriation
☐ Decrease Costs**Local:**
1. ☐ Increase Costs  
☐ Permissive    ☐ Mandatory  
2. ☐ Decrease Costs  
☐ Permissive    ☐ Mandatory

3. ☐ Increase Revenues  
☐ Permissive    ☐ Mandatory  
4. ☐ Decrease Revenues  
☐ Permissive    ☐ Mandatory

5. Types of Local Governmental Units Affected:  
☐ Towns      ☐ Villages      ☐ Cities  
☐ Counties    ☐ Others \_\_\_\_\_  
☐ School Districts      ☐ WTCS Districts
**Fund Sources Affected**☐ GPR    ☐ FED    ☐ PRO    ☐ PRS    ☐ SEG    ☐ SEG-S**Affected Ch. 20 Appropriations****Assumptions Used in Arriving at Fiscal Estimate**

The rule allows Wisconsin to continue to collect birth cost judgments owed to the state through federal income tax refund offset. If the department failed to enact this rule to comply with OCSE requirements, the state and county child support agencies would likely experience a decrease in revenue. In calendar year 2007, the child support program collected \$11,481,000 in birth costs through federal income tax refund offset. Of the nearly \$11.5 million collected, approximately \$6.62 million was returned to the federal government to reimburse Medicaid costs, \$1.72 million was used by county child support agency programs to benefit children in the state, and the remaining \$3.14 million was returned to the state Medicaid program.

**Long-Range Fiscal Implications**

Continuation of current revenue.

Agency/Prepared by: (Name & Phone No.)  
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Authorized Signature/Telephone No.

Date